

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>D.B.</i>	<i>20235</i>	<i>8-28-00</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>SL</i>	<i>59</i>	<i>822</i>
<b>FORMALITY REVIEW</b>	<i>SL</i>	<i>91531</i>	<i>10-28-00</i>
<b>RESPONSE FORMALITY REVIEW</b>			<i>10-28-00</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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